DISTRICT OF COLUMBIA GOVERNMENT
DC OFFICE OF RISK MANAGEMENT
Tort Liability Division

Phillip A. Lattimore
Chief Risk Officer

PLEAS PRINT AND COMPLETE THE FOLLOWING QUESTIONS. YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

PROPERTY DAMAGE OR LOSS

TYPE OR PRINT ALL INFORMATION CLEARLY

1-PERSONAL INFORMATION

Last Name of Claimant _____ First Name _____

Address   City, State   Zip code

_____

Date of Birth   Social Security #   Telephone #

_____

Cell #   Fax#   E-mail Address

_____

2-INSURANCE INFORMATION

Name of Carrier: _____

Policy#: _____ Name of Agent:_____

phone#_____

Do you have [ ] Yes	Did you report accident [ ] Yes	Were you paid? [ ] Yes	Amount of
Collision insurance? [ ] No	to your insurance company? [ ] No	[ ] No	Deductible?

3-DAMAGE OR LOSS INFORMATION

Date of Accident: _____ Time: _____

Accident Location: _____

Detailed Description of Accident (use additional sheet if necessary):_____

_____

_____

_____

_____

Did the Police Investigate the Accident? Yes___ No__

4-LIST OF DAMAGES AND COST

USE ADDTTIONAL SHEET IF NECESSARY

DETAILED DESCRIPTION OF DAMAGED ARTICLES	DESCRIBE NATURE AND EXTENT OF DAMAGES	DATE OF PURCHASE _____	WHERE PURCHASED _____	COST AT TIME OF PURCHASE _____

BY SIGNING THIS DOCUMENT, I ATTEST THE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Date: _____   Signature: _____

Please also include the following if relevant to your claim:
1. Any police or other reports related to the incident
2. Documents showing ownership at the time of the damage and original cost of damaged items
3. Estimates for repairs (include two for vehicular damage) and photos of any damages.
4. Proof of payment for repairs made to the vehicle
5. Medical bills and/or medical reports